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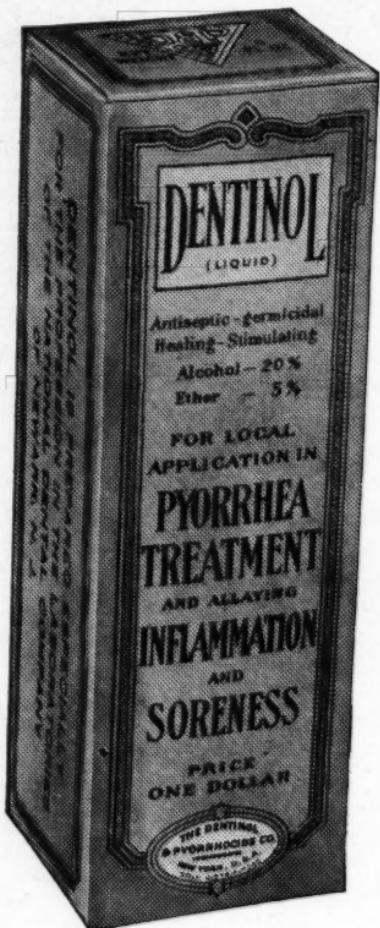
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ORAL HYGIENE

A JOURNAL FOR DENTISTS

VOLUME X

NOVEMBER, 1920

NUMBER 11

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"The Status of Illumination of the Viewpoint

BY EUGENE S. TALBOT, M.D., D.D.S., CHICAGO, ILLINOIS

Author's Note

I have received a number of letters since my article appeared on "The Status of Dentistry in 1920," published in the April 1920 ORAL HYGIENE and I take this method of answering them.

It is possible that some in the profession are of the opinion that I am zealous upon the subject of dental education. In reply to those who think so, I wish to state that my own experience in 1870 to 1880 as a dental graduate and also with a desire to obtain a medical education to practice successfully led me to pledge myself to devote my life to research and to improve dental teaching. I have written nearly 30 articles in the past 45 years upon dental college education and I shall continue to do so until I give up practice or a more complete education has been obtained.

I have quoted three members of our own profession in this article because, first, I agree with what they have said; second, because they are personally known to me as honest, upright men who are also trying to improve our profession; and, third, because there are other men in our profession who think as we do.

E. S. T.

Dentistry in 1920''

*"Oh wad some power the giftie gie us
To see oursel's as others see us."*

ANY good business man will occasionally, or at least once a year, take account of stock to satisfy himself whether he is successful or not.

If not, he will ask how he can improve the situation. In this article we are to take an account of stock and see where we stand as a profession in relation to other professions.

Everyone will agree with me that dentistry is a part of the healing art. With a little thought every dentist will also agree with me that dentistry is the narrowest and most limited specialty as taught and practiced today of any specialty in medicine.

Although each dental school has chairs in anatomy, physiology, pathology and bacteriology, the dental graduate knows very little of these branches of medicine when he enters upon practice and can obtain no credit toward a medical education in a medical school.* Furthermore, there is a fear and belief among most of our teachers that the dentist when he graduates is liable to become too well informed by changing the present method of teaching. Thus there must be two faculties in a college or university, one to teach medical students a full and complete

course in the fundamentals of medicine, the other to teach the dental students the same subjects.

In 1839 dentistry became one of the professions in the world.

Although teeth had been extracted and artificial ones inserted many years previous to this date, history shows that at the time of the establishment of the first dental college the mechanics of dentistry constituted the practice at that period.

Chairs upon medical subjects have been added from time to time but the importance of these studies has not been appreciated either by the teachers or students.

The mechanics of dentistry holds the attention of the student today as it did eighty years ago, while medicine has progressed rapidly and has become one of the learned professions.

Has dentistry made any progress since the first college was established?

The answer will in a measure depend upon the viewpoint.

The dentists will say that wonderful improvements have been made in all kinds of appliances and materials for filling teeth and making artificial dentures, such as plates, and crown and bridge work — which is true.

On the other hand, pathologists will state that because of our narrow college teaching the concentrated effort of the mechanic upon a few methods of treating the teeth has caused the practice to be overdone, the result

* Neither can a medical graduate obtain credit in a dental school.—Editor.

of which has been to produce disease rather than cure or prevent it. The ignorance of etiology and pathology and the over-treatment of diseased teeth have necessitated our going back eighty years. The removal of all teeth with exposed pulps and dead teeth and the insertion of artificial dentures has become a necessity.

The methods of operating and the appliances and materials used have been materially improved.

Taking a broader academic view, the results of our treatment have retrogressed rather than advanced.

The use of cements and the insertion of inlays, crown and bridge work, all the result of modern methods, cannot be said to be improvements over the older methods of practice so far as saving teeth are concerned. Certainly the generally accepted theory of oral hygiene has not prevented tooth decay.

DOES THE DENTAL COLLEGE DEVELOP MENTALITY AND A DESIRE FOR A BROADER EDUCATION?

The desire of the graduate for knowledge in his special department of medicine can be gauged in a general way by the books he buys and the journals he takes.

The book seller will dispose of from 6,000 to 15,000 and sometimes many more copies of a work upon any other specialty of medicine, while the dental profession does not buy more than 100 to 1,000 copies of a book upon special dental subjects.

Publishers are loath to handle a dental book on original research work no matter how val-

able it may be, unless it is written by a teacher who can demand that every student in his school shall purchase a copy, which is perfectly proper, thus guaranteeing a certain number of sales each year.

The bookseller can in a measure determine the size and number of a given edition.

On the other hand, a book of great merit written by a non-teacher oftentimes cannot find a publisher, for the reason that he must depend upon sales to graduate dentists who do not buy books. The same can be said of dental journals.

DENTAL JOURNALS

According to Dr. William Bebb¹ a little over 300 dental journals were started in this country and Canada between the years 1847 and 1912.

Only two, established in 1847, the *Dental News Letter*, now the *Cosmos*, and the *Dental Register*, are still in existence. Of the 298 all have died from want of patronage. Not more than 37, including the poorest journals, were in existence twenty years ago. Today there are about 24. Dr. Bebb says:

"It seems quite certain that the dental profession as a whole suffers more or less from an indifference to its current literature. No profession, craft or trade can ever hope to advance, or to become great, excepting through the channels of its periodic literature. The things which are written

¹A Bibliography of Dental Journals Published in the United States and Canada. *The Journal of the National Dental Assoc.*, March, 1919, p. 255.

from day to day characterize for all time the status of any given endeavor.

"Therefore it seems desirable that we accomplish two things: first, to stimulate more systematic reading and study; and, second, which I deem equally, if not more important, to attain to a more intelligent expression in our writings. The index will, in a degree, serve to bring about both of these ends.

Dr. Trueman says:² "Since October, 1847, what a host of dental journals have come and gone! A majority of them hardly made a ripple in dental literature. Of some, the name survives merely because the journal was noticed by a contemporary, and so became of record. To be the editor of a dental journal seems to have been fascinating to many practitioners. This, we infer from the long list of ephemeral dental

**"Has dentistry made any progress
since the first college was estab-
lished?"**

**"The answer will in a measure
depend upon the viewpoint."**

"Collectors will find, as a general rule, that the first numbers of a publication are more common than those issued near its close.

"The reason for this, I fancy, is that with visions of wealth and influence the editor or publisher brought his journal into existence. Much enthusiasm and energy was expended on the initial numbers, but as time dispelled the illusions, the output gradually diminished in size and numbers until it went out of existence."

periodicals, annuals, semi-annuals, quarterly, monthly and weekly publications that died early. Some, under the guise of a periodical, were mere advertisements of the editor's business; a few, from the descriptions given by their peers, seem to have been tastefully and artistically adorned in the style of gift books. We know but little of their contents — so few have survived. Some, osten-

² *Dental Cosmos*, January, 1920, p. 69.

sibly, were for the instruction of the public, and probably took the place of the little books dentists of the "long ago" prepared for distribution to their patients. Others were no doubt intended to be real expositors of dental science, of some special phase of dental practice, but failed to receive that welcome from the profession which their authors hoped for, and were discontinued after a few numbers were issued. The "busy dentist" was well taken care of by editors who claimed to *digest* the information in their journals, so that it might be assimilated with but little effort. Some of these short-lived journals were of real merit, and their early discontinuance a real loss to dental literature.

"Sentiment is all very well, but it pays no bills. Enthusiasm is merely a little more draft for the fire, it makes it burn more briskly — at the expense of the fuel.

"Among the host of dental journals now deceased, were many that started with high ideals, lots of enthusiasm, and well equipped with everything but the essential finances and ability to properly use it. The result: In a little while the editor 'was tired'."

About ten years ago a journal was started independent of the supply houses, depending upon subscriptions and donations from the dental profession for its existence.

It was one of the best and ablest journals published in the country. It perished about a year ago for want of support.

It is impossible for a dental journal to survive, depending upon subscriptions from the pro-

fession for its existence. The subscription price of the better journals published by the supply houses a few years ago was \$2.50 per year. Although the cost of publication has increased they were reduced to one dollar per year thus showing that the profession will not pay a living price for their publications. At the present time those dentists who do not belong to the National Dental Association will not pay \$2 a year for the journal that publishes the proceedings which gives the best that comes from that body.

One editor informed me that he had to express medical terms in the simplest language so that the dentist could understand what he was reading.

From what has been said, it will be seen that the literature of the profession does not register an educated or a thoughtful reading profession.

DENTAL CLINICS

One of the marked signs to show that the dental profession is drifting toward a trade rather than a profession is shown in the fact that a large number of clinics are being organized through the country to demonstrate the most simple methods of practice.

Thus, while writing this sentence, my assistant hands me my mail.

It contains two advertisements of clinics. One is, "A Week of Post-Graduate Work," for which \$50 is required for attendance; the other, a three days' clinic on how to "manipulate" cements. This clinic, however, is free to all. A third clinic is for the purpose of

teaching the art of reading X-ray pictures; price for the course \$25.

Clinics are also given to teach the general practitioner how to scrape the roots of teeth in pyorrhea for the sum of \$250. There are clinics for every mechanical operation in the mouth. These clinics are principally given in dental goods houses and, in many cases, by non-professional men.

Think of the medical profession employing and paying an uneducated man to show them how to write prescriptions.

These simple and first-principle operations should be thoroughly

THE INABILITY OF THE PROFESSION TO WRITE SCIENTIFIC PAPERS

As Secretary of a Section in the American Medical Association for thirty-three years it was my duty to furnish the program each year for the consideration of its members.

This was no small undertaking.

In the forty years of its existence not a single paper on the mechanics of dentistry was read in the Section. All papers presented and read were of interest to physicians as well as dentists.

"What has the profession done in the past eighty years to prevent disease?"

ground into the student in the dental school.

These clinics are fast superseding book and journal reading and are becoming very popular.

A grand and noble profession fifty years from now will look back with shame while reading the proceedings of dentistry of today, as remarked by Dr. Bebb, that "the things which are written from day to day characterize for all time the status of any given endeavor.

"Little things they have their day
They have their day and cease to be."

It will be seen, therefore, that the etiology, pathology and treatment of disease constitutes the substance of the papers.

Strange as it may seem there were not one hundred dentists in the United States whom I could call upon to present papers before the Section that would pass the Executive Committee of the Section and the Publication Committee of the *Journal of the American Medical Association*.

Many a paper presented and read was held up because it was entirely unscientific, the premise unreasonable, the conclusions unwarranted, or written upon ele-

mentary lines familiar to all physicians.

All papers were judged upon their merits and not upon the individual.

In three or four instances I invited dentists to write papers, who stood high in the dental profession, at intervals of two, three and four years apart, but whose papers were never published in the *Journal*. Outside of a few dentists, most of whom were medical graduates, papers which composed part of the program for each year were presented by practitioners of medicine and surgery.

Dentists have not yet learned how to write papers. Hence, we have no fixed literature.

To illustrate, thousands of papers have been written upon the subject of the periodental membrane. The first one hundred were written fifty years ago. It would be strange if some of those early papers, such for instance as the work of Dr. G. V. Black, did not contain some facts which should by later writers be verified and recorded as such. The work there stands as a foundation upon which to build future researches.

By this method we would eventually possess a fund of information which could be relied upon.

No attention is paid to this work, researches are not performed to verify or reject the findings, and modern papers are written as though no previous work had been recorded, or credit given as being original.

All other subjects are treated in a similar manner. The reason for this (and this in a measure will answer Dr. John Marshall's pro-

posed questions which appear later in this article), is that the average dentist has not received sufficient general and special education to decide whether a given statement is correct or not and he has not been trained to do research work to confirm or reject a given statement. The same explanation holds true with all the other subjects connected with our specialty.

Most papers published today are repetitions of previous thought.

ETIOLOGY AND PATHOLOGY

What has the profession done in the past eighty years to prevent disease? Not the least thing. The teaching of etiology and pathology in the dental schools is a lost art which has never been rediscovered by our dental teachers. The three most important subjects in the etiology of disease are tooth decay, "so-called" pyorrhea and deformities of the jaws and irregularities of the teeth.

In the medical school the teaching of etiology and pathology are the all-important studies. Without the knowledge of these two branches of medicine, treatment cannot successfully be performed. Why should it not be so in our specialty? The treatment of dental diseases is almost a failure.

TOOTH DECAY

The want of knowledge on decay of the teeth precludes the successful treatment of the disease.

In the eighty years we have been practicing dentistry we have not prevented decay of the teeth

in the least. Those patients who visit our offices four times a year and take the best care of their teeth are not free from decay. The teachers who have for their motto, "Clean teeth never decay," know that the statement is not true. With all the brushing, the use of powders, pastes and washes tooth decay has never been prevented.

SO-CALLED PYORRHEA

For many years I have tried to impress upon the teachers that to call disease of the gums and

some dentists of vaccines in its treatment.

My own researches have shown that the disease is not due to infection but to local and systemic causes. These views have been borne out lately by the immense amount of research work done by physicians on scurvy, rickets, pellagra, beriberi, and other nutritional diseases in which the jaws are most always involved showing conclusively that malnutrition and faulty metabolism and not infection is the cause. Our profession is filled with pyor-

"What do we know of pyorrhea alveolaris?"

alveolar process, pyorrhea, was a crime. The teacher cannot explain the phenomena of the pathology in its sequence nor can the student understand the logic by using this term. The muddled condition, in which the profession is now, is beautifully illustrated in discussions and by the papers published in the dental and medical journals.

By the use of the term "pyorrhea" the teachers have educated the profession to the belief that the disease is due to an infection, a germ disease, hence the use by

rhea quacks who are imposing upon the public by scraping the roots of the teeth to cure faulty metabolism and malnutritional diseases.

ORTHODONTIA

Within the past twenty-five years a new department of dentistry has been established in our dental schools; that of orthodontia.

The etiology of deformed jaws and irregularities of the teeth has received very little or no attention. The special teachers have settled down to the basis of "Nor-

mal or Malocclusion of the Teeth," as their starting point, ignoring the cause, although thumb-sucking and like methods and mouth-breathing are sometimes considered as a cause. Malocclusion as an etiologic factor means nothing to the student so far as etiology and pathology are concerned.

One of the best teachers upon this subject said twenty years ago in an International Dental Congress that he "did not give a damn for the etiology of the disease, it was enough for him to be able to treat the deformed teeth." This statement and viewpoint no doubt has, in a measure, prevented many specialists from taking up the study of the etiology of the disease.

The arrests and progressive phases of evolution in which the great biologist, John Hunter, laid such stress in the eighteenth century and which have been further advanced under the term "neuroses of development" has not been grasped by the teachers of orthodontia.

The subject has been materially advanced and recognized by scientists in the past fifty years along biologic lines.

Etiology and pathology should be the most important studies, while the mechanics of dentistry, like therapeutics, should follow.

Dr. John S. Marshall³ asks: "What agencies are responsible for susceptibility and immunity of dental caries; why is one individual, with a clean mouth, dis-

trressingly susceptible to the ravages of disease and another individual having a disgustingly filthy mouth and who is a complete stranger to the tooth brush, entirely immune?" He also asks: "What do we know of pyorrhea alveolaris? Is it a constitutional or local disease, or is it a local manifestation of a constitutional disease; or are the constitutional symptoms due to local manifestations? Is the disease due to the gingivae or peridental membrane or of the alveolar process or the three combined? Can it be cured locally or constitutionally — can it be cured at all, except by removal of the diseased teeth?"

"Then," concluding with his questions, he states that "even if we extend cavities to immune areas (extension for prevention), secondary decay will often occur.

"Why?

"The most of our methods are empirical.

"They do not rest upon sound scientific basis and will not bear careful scientific analysis. We have fallen into the habit of following this, that or some other method of treatment because some man, setting himself up as a teacher, has said his method was the only one that would bring about a successful cure. Our textbooks help us but little in the solving of these problems and often lead us astray by foolish or only partially digested theories.

"A profession is an occupation that properly involves a liberal education or its equivalent, and mental rather than manual labor."

Hereafter no teacher should be taken into the faculty who

³Pacific Dental Gazette, April, 1919.

My attention was called to this statement after this article was written and I am glad to incorporate it here. It shows good sound reasoning.

does not possess an academic degree.

We need educated men to do research work and to write our text-books.

We need a university spirit in the college and in our profession rather than a trade's union.

We need educated men who are capable of deciding whether a theory advanced is correct and based upon logical grounds.

We need broad, liberally-educated men who are capable of deciding or at least intelligently criticizing research work and giving due credit to original discoverers.

We need broadly-educated teachers who can do their own research work and not appropriate the original views of others as their own or without due credit.

We need educated teachers

who can wear an original and not a borrowed halo.

We need educated men who have standing in the profession and in the community.

Our profession being a part of the healing art we should demand the same respect from the laity as the medical profession.

Being a part of the medical profession we should be respected by that profession.

If graduates of dentistry possess an academic and medical degree, we, as a profession, will stand on an equal with the other learned professions in the world whether we receive rank and pay equal to the medical profession or not.

In no other way can it be brought about and in no other way can we hold an honest position in the world.

Children Show Teeth for Prizes at a Fair

POUGHKEEPSIE, Sept. 11.—One of the interesting features of the Dutchess County Fair, held at Rhinebeck, Wednesday, Thursday, Friday and Saturday of this week, was an examination of children's teeth, with awards for hygienic mouth conditions. Money prizes were furnished by Mrs. Vincent Astor, Mrs. Tracy Dows and Mrs. Francis G. Landon, residents of New York and Rhinebeck.

It was no unusual sight to see a child who had won a dollar for a doll, the second prize, dragging twelve or fifteen children to the tent, with "Come on, fellers. If you've got good teeth you'll sure get a dollar."

Few really good teeth were found, however, and during the entire week little more than \$100 was given out. More than 500 children's teeth were examined.—*New York World*.

Years ago people thought of the peanut only as something to roast and eat in the Autumn days. Now, the peanut makes one of the chief foods in fattening hogs and cattle. Its oil has taken a prominent place in public favor. The peanut plant itself makes excellent hay and ranks next to alfalfa in demand.

The Treatment of Infected Teeth

By ARTHUR G. CLARKE, D.D.S., DENVER, COLORADO

IN regard to the treatment of infected teeth: there should be a logical understanding as to what the condition is, and what the treatment should seek to overcome.

We have two methods of treatment at our disposal, namely, the therapeutic and the surgical.

In cases where the infection is just starting and no definite changes have taken place in the surrounding apical tissue, such as putrescent canals, I think the former method gives very good results. However, where definite abscess sacs or "granulomas" have formed, these should be considered as dead tissue, and it is a well-known law of surgery that all dead tissue must be removed.

The easiest and most exact way to treat this condition is to extract the tooth and follow this by diligent curettage.

This, however, is not the easiest way in the long run for our patients, especially where one upper incisor is involved. To my mind, the next best way to absolutely remove the trouble is by partial root amputation, not merely going in, plunging into the abscess and digging a hole, but by making a low incision, cutting off a portion of the root well below the point where pathological changes have occurred. By doing this you should be able to pry out the tip *en masse*, often with the sac attached to it.

Not only this, but it enables you to hold it in your hand and examine it, making sure you have the tip and not a piece of bone.

This operation is really only practical as far back as the bicuspids, owing to the anatomy of the parts encountered from there on. In these cases, especially upper molars, where only one root is involved and one is particularly anxious to save the tooth, the offending root can be severed from the crown and extracted, leaving the other two roots to support the tooth.

A great many dentists consider root amputation a very serious operation, and many patients think they are going to have a major operation performed, but it is hardly a much more serious undertaking than an extraction and should not involve any more after-sequences.

The main objection is that a devitalized tooth, which was the predisposing cause of the trouble in the first place, still remains, but it is logical to assume that a tooth, which has had proper canal treatment and filling, followed by removal of the tip, which, of course, is always the hardest to fill, owing to the many radiating canals at this point, stands a better chance of not becoming reinfected than a tooth with the ordinary treatment.

The fault the writer finds with the therapeutic treatment is that

the drug more often just comes in contact with the root canal and not with the abscess cavity, and drainage is persisted in where there is nothing to drain.

After spending an internship of one year in large Eastern hospitals, treating a large percentage of focal infection cases,

the conclusion was drawn that the teeth cause just as much trouble as the tonsils, air cells, etc., and should not be let go until secondary infection sets in, but due consideration must be taken of the patient's condition, as well as other possible foci of infection, before doing a wholesale job of extracting.

The January issue will be

The
Tenth Anniversary Number

of

ORAL HYGIENE

The Editor will be glad to receive letters, articles or pictures suitable for publication in this special number.

Please address the Editorial Office of ORAL HYGIENE, 613 Jenkins Building, Pittsburgh, Penna.

From a Radiodontist's Viewpoint

HOWARD R. RAPER, D.D.S., INDIANAPOLIS, INDIANA
Contributing Editor

To the Facial or to the Lingual?

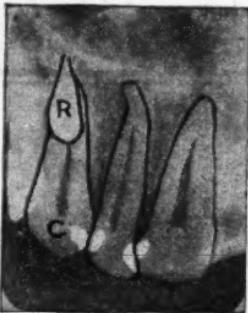


Fig. 1. Does the rudimentary tooth (marked R) lie to the facial or lingual of the roots of the other teeth?

LOOK at Figs. 1 and 2, and tell me, does the unerupted rudimentary tooth, marked R, lie to the facial or to the lingual of the roots of the other teeth?

Without the use of a stereoscope, without even resorting to a study sketch, it is possible to say whether the tooth (R) lies to the facial or lingual.

All that is necessary is to remember this rule: When two or more radiographs are made of an unerupted tooth, shifting the tube laterally between exposures, if the shadow of the unerupted tooth moves in the radiographs in the same direction in which the tube is shifted, then the tooth lies to the lingual. If the shadow of the unerupted tooth moves in the opposite direction to that in which the tube is

shifted, then the tooth lies to the facial.

In Fig. 1 the shadow of the rudimentary tooth (R) overlaps the root of the cuspid (C). In Fig. 2 the shadow of the rudimentary tooth does not overlap the root of the cuspid, but appears distally to the cuspid root. (The first bicuspid is missing.) Figure 2 was made with the X-ray tube in a more distal position than the position for Fig. 1, and, as we have seen, the shadow of the rudimentary tooth is in a more distal position in Fig. 2 than in Fig. 1. Hence we may say that the shadow of the unerupted tooth (R) moves in the same direction in which the tube is shifted. Therefore it lies to the lingual.

The correctness of the assumption that the tooth lies to the lingual in this case was proved



Fig. 2. Does the rudimentary tooth (marked R) lie to the facial or lingual of the roots of the other teeth? The same case as Fig. 1, the radiograph made at a different angle.

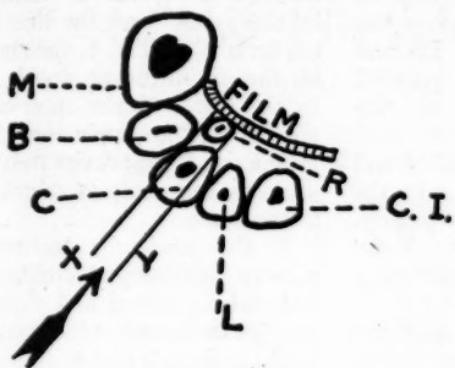


Fig.3

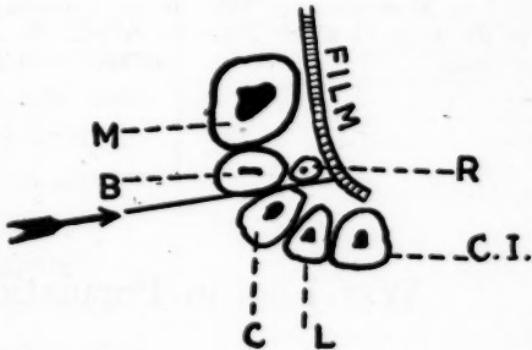


Fig.4

by localizing it by the Simpson Technic, i. e., by making an exposure with a film flat in the mouth and the X-rays directed downward from above parallel with the long axis of the teeth.

A study of Figs. 3 and 4 will enable the reader to see why the shadow of the rudimentary tooth moves distally when the X-ray tube is shifted to a more distal position.

Figures 3 and 4 are diagrammatic sketches of a cross section of the parts under radiographic observation and study. R, the rudimentary tooth. C, the cuspid. B, the bicuspid. M, the first molar. L, the lateral incisor. C I, the central incisor.

With the X-rays passing through the parts as indicated by the arrow and lines X and Y in Fig. 3, the shadows of the cuspid root and rudimentary tooth overlap. The angle here diagrammed in Fig. 3 is approximately the same as the angle at which Fig. 1 was made.

With the X-rays passing through the parts as indicated by the arrow (and the line leading from it) in Fig. 4, the shadow of the rudimentary tooth falls to the distal of the root of the cuspid. The angle here diagrammed is approximately the same as the angle at which Fig. 2 was made.

If the reader is inclined to pursue this subject further, let him take a pencil and sketch in the rudimentary tooth on the facial in Figs. 3 and 4. To obtain a good diagrammatic effect place the sketch just in the embrasure between the cuspid (C) and bicuspid (B). It will then be quite obvious that shifting the angle of the rays distally, from the position in Fig. 3 to the position in Fig. 4, will cause the radiographic shadow of the rudimentary tooth body to move mesially in its relation to the contiguous tooth roots, i. e., in the opposite direction to that in which the X-ray tube was shifted.

War Loss in Population

According to the report of a statistical research conducted by the Society for Studying the Social Consequences of the War, of Copenhagen, ten European nations engaged in the war sustained a potential loss in population of 35,230,000 persons since 1914. Of this number 9,819,000 persons were killed in war; 5,301,000 deaths were due to augmentation of mortality, economic blockades and war epidemics; 20,200,000 fall in birth due to the mobilization of 56,000,000 men.—*Medical Record.*

The Relationship of the Dentist to the Physician in the Treatment of Disease

By A. W. THORNTON, D.D.S., MONTREAL, CANADA
Dean, Dept. of Dentistry, McGill University

EDITOR'S NOTE

It is with the keenest satisfaction that we present this article by Dr. A. W. Thornton of McGill University.

To those who have not heard Dr. Thornton speak, this paper will give a little idea of his flow of language. In my opinion there is not a man in dentistry today who can hold an audience in such rapt attention as can Dr. Thornton.

We are indebted to our Canadian neighbors for many things in dentistry and in most of these things Dr. Thornton has had a hand.

WHAT is a physician and what is a dentist?

A physician is a student of Nature in general and not simply of man's physical frame in health and disease—a natural philosopher; one who is skilled in or practices the art of healing, one who being duly qualified prescribes remedies for disease.

A dentist is one whose profession or business it is to clean, extract or repair teeth when diseased, or to replace them with artificial ones when necessary—one who professes or practices dentistry.

These are dictionary definitions. You will see in these two definitions the *relationship* between the two, both deal with the treatment of disease.

Of course, the field of the physician, in the past, has been a very broad one.

He knew everything; he treated everything.

He brought us into the world, for he was a specialist in obstetrics; he prescribed all manner of drugs, because he was essentially a medicine man; he performed all manner of surgical operations, from the removal of an ingrowing toe-nail to an operation for cleft palate, and everything in the plane between these two extremities; he treated hobnailed liver and "King's Evil"; and at

all times and in every field of labor, he had the confidence of the community in which he practiced because he was "The Doctor."

He knew, or the people thought he knew, "their constitutions."

But now things are changed and about the only thing that is left of the "physician" or "doctor," is the name.

To-day we have an army of specialists in medicine, in surgery, in obstetrics, in gynaecology, in orthopedics—oculists and aurists, genito-urinary specialists, and specialists in children's diseases, to say nothing of osteopaths, chiropractors, hydro-therapists—and "faith healers."

Now what does all this mean?

Simply this: that the "healing art" or business of looking after diseased conditions and trying to establish the health of the community is too large a problem for any one man. To attempt intelligent and efficient service in any *one* of these specialties is all that any one man can hope to accomplish.

Specializing then simply means a division of labor for the accomplishing of better results.

When Harvey discovered the Circulation of the Blood, and Lister, Pasteur, and Koch established the pathogenicity of certain organisms, they set in operation a combination of forces that have resulted in the development of a great class of specialists, who divide and subdivide so rapidly that the medical dictionary of January is out-of-date in December.

Like medicine, dentistry is the product or result of an evolutionary force.

It is not so very long ago that mechanical and operative dentistry constituted practically the entire curriculum for a course in a dental college. Owing to this fact, American dentistry led the world, because of the perfection of mechanical appliances for the restoration of lost tooth tissue.

A few prophets foresaw the close relationship between mouth conditions and systemic disease.

Such men advocated additional teaching in such subjects as histology, bacteriology, pathology and embryology. These latter were spoken of as ancillary subjects.

With the discovery of the Roentgen Ray, a new era dawned.

Research work and clinical observation have established beyond peradventure that many systemic conditions are due to infection from the mouth and associate parts.

With the establishing of these facts, dentistry has taken on a vastly wider and more important place in the category of the learned professions. The question facing the dental profession to-day is: "How are we to meet, successfully, the new conditions?"

In the first place, there must be a recognition of the fact that no sharp line of demarcation can be drawn between the diseased conditions which the dentist can and must treat, and those which must be treated by a general medical practitioner or a medical specialist.

The patient's welfare must always be of paramount importance.

Should there be any doubt or

obscurity or difficulty concerning the cause of suffering, which brings a patient to either a dentist or a physician—coöperation between the dentist or physician and the person best qualified to give intelligent advice and direction, be that person another dentist or physician or a specialist, oculist, aurist, orthopaedist, genito-urinary specialist or surgeon—I say coöperation is the least that the patient has a right to expect, and the least that the

As I can see the truth, there is only one answer to that question: "To a hospital." Hospitals exist primarily for two distinct purposes: First, to treat people who are diseased or sick, and second, to teach students how to treat diseased conditions and care for sick people.

Why should mouth and tooth conditions be treated in an institution separate and distinct from a hospital, and eye, ear, nose, throat, orthopedics, neurology,

"To the patient, the fact that his mouth conditions are healed in a hospital at once impresses him with the fact that his condition is related to disease."

one to whom the patient first comes for relief, should, in fairness to the sufferer, suggest.

In order that "the greatest good to the greatest number" may prevail in dental service, as in other matters affecting the general public, I believe a great change must take place in the work and manner of conducting our dental clinics.

Starting with the assumption that persons requiring dental service are suffering from disease, or a condition that will result in disease, where should such persons go for treatment?

gynaecology, obstetrics, all be treated and taught in one institution—a hospital? It is only necessary to draw attention to this matter, to have the advantages of such an arrangement recognized.

Let me very briefly draw attention to some of the advantages of such an arrangement.

From the standpoint of the student, it would mean a vision of his life work such as cannot be obtained in our dental clinics as now conducted. You will understand, of course, that I am discussing the conduct of our public

teaching clinics, where the actual operations are performed by the students.

Association with medical men, treating other diseased conditions: the hospital atmosphere: the knowledge of surgical cleanliness: the close inter-relationship with other specialists: and "specialties": the coördinating of dental treatment with that obtained in other departments of the hospital: the equality of recognition accorded all departments: the knowledge that dental teachers and dental practitioners take their place side by side with other men on medical boards, hospital committees and governing bodies—all these things would give our young men going out to practice, a higher conception of their calling and an added dignity to the service they render as a part of the "healing art."

To the patient, the fact that his mouth conditions are healed in a hospital, at once impresses him with the fact that his condition is related to disease. It gives, too, to the patients, *service* such as they require, without regard to the fee charged.

I trust you will not misunderstand me.

We charge a small fee for the operations we perform. But *all* people are *treated* whether they can pay or not. We would no more think of refusing a patient treatment in the dental clinic because of inability to pay, than we would think of refusing an emergency case requiring surgical treatment.

Of course, one of the great advantages of having the dental teaching clinic in the hospital

is the coöperation of all departments.

Our students take lectures in surgery and have the advantages of the surgical amphitheatre.

They see and examine all cases (in the outdoor department) on the day of their lecture. When patients are too ill to be brought to the amphitheatre, they go with the surgeon or physician to the bedside, in the various wards.

In this way, they have knowledge of and have seen carcinoma, sarcoma, epulis, ranula, syphilitic conditions, chancre, mucous patches, loss of various tissues, mercurial stomatitis, scurvy, lead poisoning, removal of the tongue, fracture of the mandible and maxilla, dislocation of mandible, glandular swellings of every description, hare lip, cleft palate—all conditions in any way associated with or affected by mouth conditions and they realize that their work means more than fillings, bridges, dentures and root canal work.

Will you permit me very briefly to draw your attention to one or two matters, to which the dentists of this continent must give careful thought if they are to be worthy of the recognition which other professional men are ready and willing to accord—and which laity has already all too lavishly bestowed?

For nearly seven years, I have given my entire time to teaching in the University, and as Dental Surgeon in Charge of a large general hospital. We are a part of the Out-patient Department.

You will observe that the surgery clinic is the largest of all.

Our hospital is in the oldest

and most densely populated part of the city.

Because of this, the Outdoor Surgery Clinic is especially busy. Children are hurt while playing, operators in factories meet with accidents, drunken brawls are of hourly occurrence. Sailors from the ships of foreign countries, men from the ship yards, oil plants, sewers—all these contribute to a large Out-patient Surgery Clinic.

Next in order of size, comes the Genito-urinary Clinic, and then

them from endocarditis, still others with tubercular glands—many with osteo-myelitis, many of them crippled for life. I think I am safe in saying that in 95 per cent of these cases, no intelligent effort has been made to fill the root canals at all. Most of these cases come from the orthopedic surgeons, or specialists in medicine..

You will be beginning to think that we have a poor lot of dentists in Montreal.

The lessons learned from the observation of thousands of patients.

next on the list is the Dental Clinic, where we had last year 13,000 visits. The number does not include our private ward patients.

Now, what is the lesson we have learned from observation of these thousands of patients? This: that the very worst class of dentistry occurs in two classes of operation—fixed bridgework and shamefully criminal root-canal work.

As a result of ill-fitting gold shell crowns, we have scores of patients with chronic gingivitis, in every stage of virulence, nearly all of such patients suffering from rheumatoid conditions, many of

Not at all.

Just the ordinary classes—good, bad, and indifferent.

Most of our hospital cases come from our foreign population: Jews, Greeks, Roumanians, Italians, Russians. Such people are the prey of unscrupulous practitioners.

On the other hand, it is a lamentable fact that many patients coming from good offices—patients whose bridgework was put in ten to twelve years ago, or whose "pivot" teeth have been worn for the same length of time—have well-defined abscess areas and, in most cases, have suffered little inconvenience.

The astounding thing is that in hundreds of cases where the ordinary dowel crowns are used, there evidently has been no attempt to fill the canal beyond the end of the dowel.

In the great majority of such cases, there is but one possible treatment, the extraction of the teeth or roots and the curettement of the alveolar sockets. In the great majority of cases (not all), this treatment is followed by the most gratifying results.

The longer I am in practice, the more profound is my respect and admiration for a good, sound, well-developed, clean tooth, and I almost look with horror now at any operation which has for its object, the mutilation of such a tooth for any purpose whatsoever.

Ruthlessly to destroy the pulp of a tooth, to remove all or part of the enamel or to insert an inlay for the purpose of making provision for an abutment for a

fixed bridge—well to me it looks now almost like a crime—and I say this after teaching bridgework for eighteen or twenty years.

The profession and the public owe a debt of gratitude to Dr. Ottolengui, who is carrying on a campaign at the present time against "fixed bridgework as it is practised."

Do not forget the last four words, "*as it is practised.*"

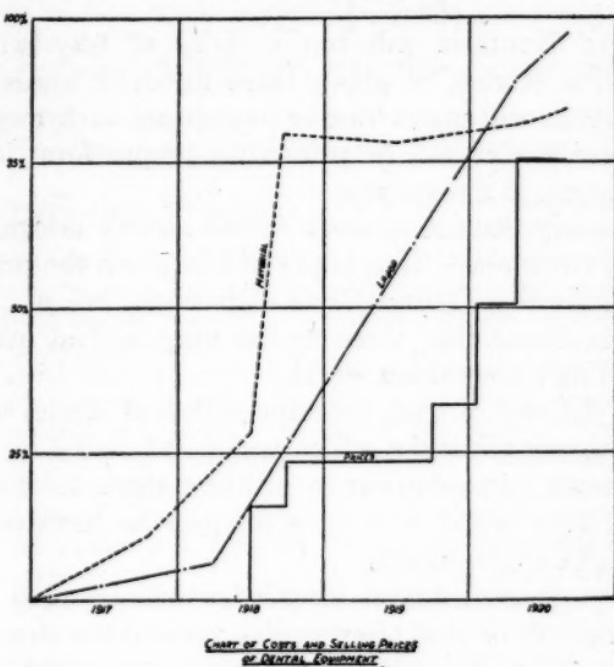
It may be possible to make a shell crown that will not cause irritation; it may, and I believe is, possible to fill properly many root-canals; the "fixity" of a bridge may not in any way be accountable for many failures in this method of restoration, but fixed bridgework, "*as it is practised,*" is, in the majority of cases, an abomination and a prolific source of infection.

A better, saner method must be found.



Climbing Cost of Dental Supplies

BY R. S. WOODWARD, JR.



THE chart above shows costs of all labor and material but does not include selling and administrative costs. Selling costs have advanced about one hundred per cent, and administrative costs about thirty-five per cent.

During 1919 the volume of business increased about seventy-five per cent which automatically decreased the cost of each finished article.

The increased volume of business during 1919 also warranted an investment in improved tools which also lowered the cost of each article.

The savings effected by in-

creased volume of business and improved tools have not equaled the added costs due to increased selling and administrative expenses. The chart, therefore, understates the actual total cost advances. In addition to the above facts, it must be noted that the volume of the business during the last three months has declined about fifty per cent which automatically increases costs about fifteen per cent. In all industries in which profiteering has been practised, the curve of Selling Prices has crossed over and stayed to the left, and above the curves of Labor and Material.

If You Desire to Have the "Your Teeth" Series Run in Your Home Town Paper—

ORAL HYGIENE will run a series of fifty-two Lay Education stories, of about three hundred words, each year. That will make four or five stories each month.

These stories will be printed in proper form for immediate use in newspapers.

In every district where a dental society designates a certain newspaper—that paper will be given the privilege of printing these stories—one each week, free of charge.

This means that these stories may be had over the entire English-speaking world.

At the end of each year the collected stories will be published as a booklet which will be available for class-room work. In addition to printing these stories they will be very useful as a basis for popular lectures upon the health of the mouth.

Only accepted dental knowledge will be used. The language will be that of every-day use and the stories will be interesting. If you desire to have this series run in your "home town" paper notify ORAL HYGIENE and permission will be given exclusively to the paper that will agree to run the stories regularly.

Those newspapers that are upon this list will be furnished with special early copies of ORAL HYGIENE directly from the office of publication. The editor can simply clip the stories and publish one each week. There are three conditions attached to this permission:

1st: The stories must not be published in any town where the recognized dental society does not approve of this series.

2nd: Each story must be printed entire and without alteration.

3rd: These stories must not be used either in whole or in part as advertisements.—*Editorial, May Issue.*

Department of Lay Education

“Your Teeth”

By REA PROCTOR McGEE, M.D., D.D.S., PITTSBURGH, PA.

*Here are eight of the stories, prepared for daily and weekly newspapers.
Others of these will be printed in future issues.*

Concerning Women

HOW beautiful would the most beautiful woman be if her teeth were all decayed and a few out here and there?

Wouldn't that "queer" her chances in the beauty show? In addition, how long would she keep her beautiful complexion? And if her complexion was gone how could she get by with a "drug store" complexion if her cheeks were all sunken in?

And then where would her happy disposition be—and her digestion? All gone—and when these things are gone for a woman, old age is here, regardless of the number of years she has lived.

American women retain their beauty and their vivacity longer than any other women in the world, actually retain their youth more years than the women of any nation or of any time in history, all because the American dentist and American dentistry have preserved her teeth and her mouth.

Women's teeth are more subject to decay than men's. Nearly three fourths of the twelve million people who go the dentist regularly in the United States every year are girls and women.

The cheeks and lips get their

support from the teeth and gums. Irregular teeth in children, particularly little girls should be corrected early not only for the proper occlusion, or biting, of the teeth, but because the contour and expression of the face from the cheek bones down depend upon the teeth. Would you rather have a smile from a row of stumps surrounded by ugly, red, swollen, spongy, inflamed gums or will you take yours from a lovely row of human pearls, regular and beautiful in shape, supporting the most gracefully curved lips, and surrounded by gums that radiate health and whose delicate pink is more perfect than the petal of a rose?

Health gives more beauty than contour. Many an otherwise unattractive face is brought high above the average by a clean, healthy, well-kept mouth.

Decay of Women's Teeth

AT least sixty per cent of a dentist's patients are women. The other forty per cent are men and children. There are two reasons for this; one is that women more frequently consult the dentist because they are more

careful of their health and appearance and the other is that women's teeth actually are more subject to decay than men's.

The teeth of women are of the same structure as are the teeth of men and are expected to perform the same work but they usually do not get the chance because women do not eat foods that require as much vigorous chewing as those that men select.

One of the duties of the great majority of women is either to prepare or supervise the preparation of food for the household. The element of surprise in what the next meal has in store is absent and the inhalation of the odors of cooking food takes what little "edge" there is left to the appetite. In addition, the preparation of food requires more or less frequent tasting of savory mixtures.

Women as a rule are satisfied to eat the softer and more highly flavored foods and sweetened desserts.

As a result their teeth do not get the vigorous exercise that men's teeth do.

This lack of vigorous chewing allows the mucin of the saliva to stick to the teeth and the debris of soft food packs between and around the teeth.

Unless the teeth are most carefully cleansed with the brush at least twice each day and in addition are given a prophylactic treatment by the dentist occasionally, food and mucin will decompose and form an ideal soil for the growth of the bacteria of decay.

Where there is decomposition of food, organic acids are formed

that attack the enamel of the teeth and make the work of the bacteria very easy. As the teeth decay, the packing of food becomes more extensive and the gums are inflamed and bleed easily.

All inflammation of the gums tends toward the establishment of that greatest of all enemies of the teeth—pyorrhea.

Scurvy and the Teeth

AT the Lester Institute in London, years of experiments in the study of scurvy have shown that the slightest trace of this disease results in definite changes in the structure of the teeth.

We have long known that the mere presence of bacteria does not mean infection. To have bacteria become active we must have a point of entrance and a lowered resistance.

Scurvy lowers the resistance of the teeth by causing changes in the tooth structure, and so encourages the activity of the bacteria of decay. In addition, the lowering of the vitality of the membrane surrounding the tooth, causes a loosening of the teeth in their sockets, which will result in their total loss if the disease is not checked.

Scurvy is a disease that is caused by lack of proper nourishment. We usually think of this disease as one that was commonest in the Civil War days and that it is not likely to occur in our own time.

But, strange as it may seem, in times of peace, and in all parts

of the world, scurvy is a prevalent disease.

There is a very common form, known as *latent scurvy*, that is difficult to recognize except by the condition of the gums and teeth. This is particularly prevalent in under-nourished children. The causes of this disease are: insufficient food, food that may be eaten in sufficient quantity but that does not provide the right elements for nourishment, food that may be sufficient in quantity and quality but that is not properly masticated and consequently does not completely digest.

In fact, it is not the *quantity* of food that counts; it is the *nourishment* derived from it that gives strength. The condition of the teeth and gums may be either the cause or the result of this disease of under-nourishment.

If the child's teeth decay rapidly and the gums are inflamed and the bony process around the teeth begins to absorb, giving the appearance of premature ageing, it is time to have the child treated by both the physician and the dentist.

Every child is entitled to the privilege of growing up healthy and strong.

Don't wait for your child to "out-grow" this condition. Help the little fellows to get all there is out of food and out of life.

Goiter

IN speaking of the diseases and infections of the body that arise from the teeth, it is not intended to give the impression

that the teeth are invariably the cause of infection, but these cases are explained in order to show the results of neglecting mouths.

Until recent years we had not realized the danger of neglecting the mouth and teeth—because digestion was so seriously interfered with, by the inability to chew, and because appearance and distinct speech were ruined, and because pain of many kinds and of great intensity was a very frequent occurrence, and because broken roots and open cavities retained decomposing food and mucus, with a resulting bad breath. These were a few of the things that caused the more cultured people to have their mouths put in order.

The researches of the great institutions that are devoted to the study of disease have shown us that the results of neglected mouths are far more serious than we had at first believed; and there is just one way to avoid these serious results. That is to take care of the mouth *in time*.

Begin with the children, and if the child is trained to have its mouth in good condition and to know the comforts that follow a good mouth condition, the child will make very strenuous efforts, in later life, to have those same physical comforts.

One of the most embarrassing as well as serious of the widespread diseases of this country—a condition that is becoming more and more frequent—is goiter, which is the enlargement of the thyroid gland which lies in the interior portion of the neck.

A swelling of this gland produces a very unsightly enlargement of the neck, many times causing a series of what is known as thyroidism.

Thyroidism is attended with sleeplessness (or insomnia), nervousness and excitability, twitching and rapid heart action.

It was found that in large numbers of goiters the infection in the thyroid gland was a certain bacteria that is found in abscess sacs at the ends of roots of diseased teeth in the mouth of the patient; and in many instances the treatment of the teeth, or the extraction of the teeth and curetting of the sockets, relieved the goiter entirely.

It is therefore advisable to have a careful X-ray examination of the mouth in all goiter cases.

Habit

HABIT is simply cultivated instinct.

It is just as easy to cultivate good habits as it is to cultivate bad ones if you start right. The habit of cleanliness is one that stays for life, because it is comfortable and gives a feeling of respectability.

Every child that has been taught to take care of its wonderful little body, to wash hands and face and ears and teeth and take baths and to know the happiness of clean clothes, will carry that habit through life.

The personal habits that we form in our first twelve years are the ones that mould our personality. That is one of the reasons for beginning good habits early, particularly with the teeth. Children's mouths should be examined

every three to six months. All cavities should be filled and every stain should be removed.

If temporary teeth are allowed to decay, food will pack in between them and make the gums sore.

Then the food will be chewed upon one side of the mouth until the other side becomes tender and the poor little fellows try to mince their food with their front teeth. It is impossible for anyone to masticate—that is, to chew his food—properly, with his front teeth alone.

If the food is not well chewed and mixed with saliva digestion is very difficult. A great deal of energy is wasted in trying to digest food that is sent to the stomach in chunks.

Nature tries to develop every child into a healthy adult. Every ounce of food that goes into a child's stomach should be converted into energy, but instead of making energy, unchewed food only makes more work.

Aside from all of the pain and poison from pus and the long list of diseases that follow decayed and abscessed teeth, good digestion would be worth every effort that we could make to keep the mouth healthy.

Children with good teeth will grow up into men and women with good teeth because the good tooth habit grows. Did you ever know a healthy, happy person with a poor digestion?

Fractured Jaws

USUALLY when a jaw is fractured everybody knows about it. But there are cases—in fact a good many cases—where a

jaw has been fractured either by a fall, or in boxing, or football, or in almost any sport—and the patient has never known it, and it is only by an X-ray examination for some other condition that the scar is discovered and it is realized that at some previous period the jaw had been broken.

Usually a broken jaw is very difficult to hold in place until it unites.

Where the pieces are not properly held, there will be a fibrous union. The fibrous union is a sort of a cartilage or gristle that grows across the broken spot and makes an extra joint. This condition, of course, cripples the jaw so that mastication is almost impossible.

When a jaw is fractured it is absolutely necessary to get a good bony union, so that the jaw will be as strong as ever.

During the war there were a great many cases of fractured jaws from gun-shot wounds, from explosion and shell fire, falling out of airplanes and so forth, and much was learned in regard to bone formation that was not known before.

When a jaw has been injured and remains tender for any length of time, it should be X-rayed very carefully to find out whether or not there has been a fracture.

Fractures of the upper jaw are more rare than fractures of the lower, because the upper jaw is not exposed as is the lower jaw.

The lower jaw is more of a buffer than any bone in the body and is saved from breaking by its very wide movements.

Fractures of the upper jaw

usually heal more quickly than do fractures of the lower; and also, the upper jaw, being surrounded by muscles that tend to pull it into place, does not present the usual difficulty in splinting.

Fracture of the upper jaw will cause very severe disfigurement if it is allowed to go unattended.

Diet

WHEN a raw recruit has been in the service long enough to learn that the shells and bullets that miss him do not hurt, he becomes a veteran. When he learns by experience that the missiles that strike him do hurt, he becomes a casualty.

The best way to have our teeth become veterans in the service of good health is to take care of them.

It is foolish to expose the teeth and mouth to needless infection by carelessness. Even with the best care that we know how to give, there may be decay of the teeth and infection of the gums, but by careful brushing as a habit, and early treatment of the few teeth that are attacked by bacteria, the mouth may be kept healthy and serviceable as long as the rest of the body.

In addition to proper brushing of the teeth, the diet is of great importance.

We commonly think of diet as a treatment for digestive disturbances only.

The mouth is the front door of the stomach and every decayed tooth, and every inflamed spot on the gums, is really a digestive disturbance. No part of the mouth, stomach, or intestines can be diseased without affecting,

to some extent, the rest of the tract.

It is possible so to arrange the diet of a child that the development and retention of the teeth is reasonably assured and, at the same time, the digestion and general health are benefitted.

The one food in the world that is exactly suited to an infant is mother's milk. The children of mothers who are able to nurse them normally have a big lead in the race for life.

When the first baby teeth come in, there is a demand for something more than liquid food. The little teeth must chew, and the gums need pressure.

From seven to nine months of age, baby should have a little toast with butter twice each day. After nine months, rusks and firm milk puddings, a little boiled fish and well cooked chicken come next. Do not forget that butter fat is absolutely necessary for growth.

The proper diet early, has been found very effective in the cause of good teeth.

In Later Years

TIME lies in wait for every man and will get him sooner or later if something else doesn't. When time begins to get a man the question is, how well is he prepared to resist the downward drag of years? We know this drag is sure, but we all hope to make it slow. It must be terribly disconcerting for a man to suddenly have the skids knocked out from under him and to miss the pleasure of the long, quiet twilight of life.

Not that any of us are yearning for that "quiet twilight" business, but it is the best we will have when it comes, so let's make the most of it.

It is a fact that men and women past fifty years of age, who have perfect teeth, are remarkably free from chronic disease. Very few people who are past fifty years and who show advanced pyorrhea and decay of the teeth have anything like normal health.

There are people seventy to ninety who have nearly perfect teeth and their splendid health leads us to believe that there is a definite connection, in old age, between good teeth and good health.

Many old people are vigorous who have well-fitted artificial teeth, much healthier in fact than people of the same age who have advanced pyorrhea, or a number of abscessed roots, or both, in their mouths.

Good artificial teeth are far preferable to diseased natural teeth.

Artificial teeth are made from porcelain. A great deal of careful study has been put upon the shapes, colors, types and contours of porcelain teeth.

The making, and fitting of plates to the mouth, and the arrangement of the teeth, both from the artistic and from the mechanical aspect, has been reduced almost to an exact science in America.

If we keep our machinery in good repair as we go, we will have no regrets when the time comes to reduce speed and jog along quietly to the end of the road.

Suppose—

SUPPOSE every city, town, cross-roads village and farmhouse in Pennsylvania were fronted by a foul, pestilential swamp in which all manner of disease germs that thrive in such surroundings found conditions ideal for growth and multiplication. Sup-

pose? Everyone knows that wherever such a condition has existed it has been promptly and effectively remedied.

What everyone does not know—indeed, what few in this and most other states are not aware of—is the well-substantiated fact that

The Philadelphia *North American* upholds the best traditions of American journalism by being always ready, willing and anxious to present to its readers the thoughts that are really helpful.

The liberal stand that the *North American* has taken in publishing the editorial here presented from its pages, and many others equally good, is only one of the features that have helped to make this paper an intimate friend and counsellor of its readers.

Every issue of the *North American* reaches at least 500,000 readers.

Here is a precedent for all newspapers. The *North American* does not waste time, space and money; it realizes the value to the people of mouth hygiene and is doing its share for the public welfare by teaching the truth.

—Editor ORAL HYGIENE.

pose the existence of these noxious obstacles to public health and business constantly kept from 20 to 40 per cent of the population below par physically and mentally, and thus placed an extra burden on the remaining 80 or 60 per cent of the people.

But what is the use of such supposing, one may ask. Why waste time on so foolish a con-

just such a menace to health and efficiency today confronts the physical existence of the children in this state and nation and is seriously interfering with their bodily well-being and mental progress.

This widespread "swamp" is the mouth, and its costly and baleful effect on individual development and community welfare

is due to lack of proper care of the teeth. The neglect which leads to this condition is caused by the common belief that since a child must shed its first set of teeth, there is no need for taking special care of them. "They have to go anyway, so why bother with them?" is the attitude of the average parent and, unfortunately has been that of many dentists and doctors until quite recently. As a matter of fact, it is only within the last decade that physicians have recognized the important part played in health by good teeth.

A few years ago, when the *North American* pioneered among newspapers in editorial discussion of this matter, some of our medical friends smiled at what they termed our magnifying of a minor matter. Today, however, it is generally accepted in medicine and surgery that many disease conditions are due primarily to focal infection originating in the mouth and caused primarily by neglect of the tooth brush. And as a result of a remarkable campaign carried on among school children in Bridgeport, Conn., it may be stated conclusively that the one most effective way to deal with this destructive menace is to put good teeth into the grammar grades.

A Bridgeport dentist, Dr. A. C. Fones, with a highly developed sense of civic duty, started ten years ago to impress the local law makers with the need for a special appropriation for a mouth hygiene campaign in the schools of that city. He believed 80 per cent of decayed teeth in children could be eliminated by a system

of prophylaxis; that the teaching of the tooth brush along with reading, writing and spelling would mean as much to the mental progress of children as any of these studies. At last, in 1913, his effort was rewarded with an appropriation of \$5000, and the best evidence of the worth of his plan is the appropriation last year of \$37000 for the same purpose.

Doctor Fones' plan is all-inclusive and does not depend on occasional or sectional dental clinics. It is based on the indisputable fact that the most unhygienic feature of child-life is the mouth. Concerning it he said recently at a conference of the county medical officers of Pennsylvania:

"Like an immense flood, decayed teeth have spread over the civilized world to such an extent that hardly one-tenth of the population of a country such as ours could find a sufficient number of dentists to fill its teeth. To try to fill the teeth of the children in our public schools is a noble charity, but an endless chain. Is it not better to evolve a system for prevention of dental decay and establishment of clean mouths?

"The first necessity in this work is to have a group of women trained to go into the schools and teach the children the value of properly taking care of their teeth. Then dentistry must come out of its shell and be put on a more scientific basis. We cannot continue to practice dentistry merely as a reparative and curative profession—it must be made a preventive profession as well.

"A toothache in a child is a catastrophe. And it is up to the medical men and school inspectors to educate the public to an understanding of this fact, and it is up to these same men to see that the work of prophylaxis is carried into the public schools.

"Let us examine the average boy of 10 years and see what we find. * * * His body appears normal. We ask him to open his mouth. * * * Here we find teeth covered with green stain;

"Such a mouth is an ideal breeding ground for germ life, and the child with such a mouth is far more susceptible to infectious diseases than one whose teeth are sound and kept free from food debris. * * * Decayed teeth constitute the most prevalent disease known. It is difficult to find two children out of a hundred with perfectly sound sets of teeth. In a thorough dental examination of 550 school children in the town of Stratford, Connecticut, but one

**"Decayed teeth constitute the
most prevalent disease known."**

temporary and permanent teeth badly decayed, possibly fistulas on the gum surface showing an outlet for pus from an abscessed tooth or teeth and decomposing food around and between the teeth. Why examine the child any further? Here at the gateway of the system is a source of infection and poison that would contaminate every morsel of food taken into his body. With decomposition instead of digestion taking place in the alimentary tract, it is no wonder that child suffers from an autointoxication which produces eye strain, anemia, malaise, constipation, headaches, fevers and many other ailments.

child was found to have a set of teeth free from decay. * * *

"Look over the reports of the medical inspectors in the public schools who have made but a glancing examination of the mouths, and you will find that decayed teeth outrank all other physical defects combined. * * * Such mouths and teeth breed disease. Such children cough and sneeze millions of germs made virulent and active in an ideal feeding ground. Then again, the teeth as a crushing and masticating machine are frequently ruined by the time the child has reached 12 or 14 years of age. It is true they can limp through life with this dreadful handicap, just as an

automobile can climb a hill on three cylinders. But you can rest assured that a child with wrecked teeth at 14 is traveling on his second speed until he reaches 35, and from there on he drops into low gear to finish the journey in a slow and uncertain state."

As this eminent authority said on the occasion mentioned, "It will take a long period of public education before the mouths of the incoming children of our first grade will show any great degree of improvement." At the same time he called attention to the fact that Pennsylvania has been behind other states in passing a section of the dental law which will permit of proper training for those who should undertake this work in the schools in order to make it effective. More than a dozen other states have included in their dental laws provision for training courses of this kind to be established.

A fair idea of what it would mean to the children and the future of this state to have our public schools equipped with such a thorough system of tooth education as Doctor Fones has put into practice at Bridgeport can be gained from a single fact concerning that experiment.

In 1914, when he was enabled to introduce oral hygiene into the Bridgeport schools, he found that 40 per cent of the entire education budget of the city was being spent on re-education. In other words, two-fifths of all the school money was being paid out to give children another chance in grades where they had failed originally.

After five years of tooth teach-

ing, only 17 per cent of the budget was required for the purpose of re-education. On this basis a community which annually spends \$100,000 for public education would effect an actual saving of \$33,000 after the system had got into good working order.

In this item of expense for re-education, the Bridgeport schools do not differ materially from the average public school. And in that city it has been proved that the introduction of mouth hygiene in the schools has reduced this nationally prevalent expense to a remarkable minimum.

This significant result was brought about through the efforts of trained women, who, during the first year, confined their work to children in the first grade, each woman having supervision of 200 children who were taught the proper use of the tooth brush and given a surface treatment of the teeth once a month. The mouths of these children were inspected daily, and any who had not remembered to brush their teeth were not permitted to enter the classrooms.

At the end of the year these same women followed the children into the second grade, while a new corps of hygienists entered the first grade. This plan was repeated for five years, until the first corps was caring for the children in the fifth grade, and Doctor Fones says it would not be necessary to carry this work beyond the fifth grade, since the child then would have been cared for through the most susceptible period of dental decay, and also would have received a solid foundation for subsequent proper

attention to the teeth and mouth.

If the facts and figures here given are not sufficient to impress the average citizen with the reality of this need, it might be well to refer once more to the results of the draft examination during the late war, when thousands of young Americans were turned down for dental reasons and thus deprived of serving themselves and their country in a time of high need.

We think, however, the public is coming to a lively appreciation

of this particular need, and knowing as we do the desire of the state department of health to carry on and enlarge this branch of hygiene in the public schools, we believe the day is not far distant when Pennsylvania will stand where she should in this regard. Meantime, there certainly is no more important work for local school authorities than the promptest possible attention to this really serious situation which is as truly a menace to mental progress as to physical well-being.

To Our Officers—Passed On

By MARGARET E. SANGSTER

The following poem by Margaret E. Sangster was written for the Army and Navy Club of America as a tribute to the American officers who died in the World War. The Club plans to establish in New York City a \$3,000,000 clubhouse as a memorial to these officers.

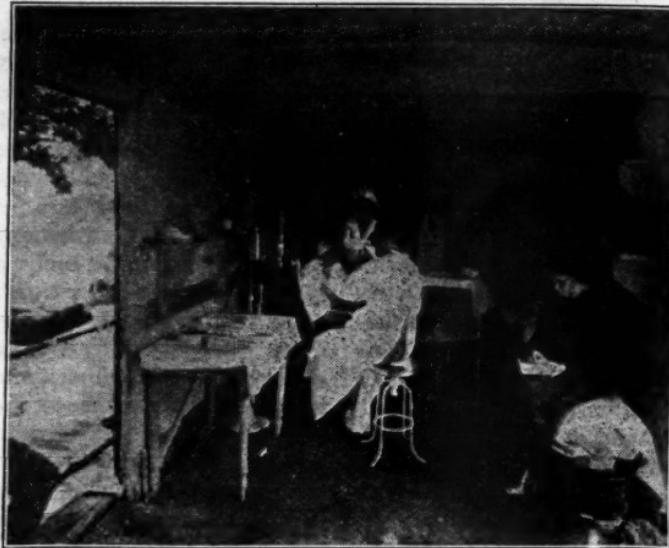
They are not dead, not really, they are living—
Leading their columns, as they led before,
Leading their comrades up to Heaven's door
They are not dead, not they!

Why, they are giving
Strength, as they gave it on the battle line,
Courage to do the hardest task, and fine
Manhood to meet the test * * *

They were our best—
They, and the ones they led into the fight!
They were the ones who challenged terror's night,
They were the men who won, at last, to rest * * *

They are not dead, not really; they are striving,
Just as they did on earth, across the way;
And we must show them that we are reviving,
Visions of all they suffered—yesterday.
We who are left must keep their spirit glowing,
We who are left must keep their memory clear,
We who are left must feel that they are knowing—
We who are left must feel that they can hear!

—*New York Times.*



Dentistry in the Near East

THE high cost of office rent was eliminated in this Near East Relief mobile hospital in Armenia, the dental clinic of which is pictured here. An old freight car was pressed into service, operating along the line of the Bagdad Railway, and patients came for miles to be treated at the stations. One of the discoveries made on this trip by the Near East Relief workers, was the incredibly large proportion of the population suffering from decayed teeth. Diseases of the eye and other disorders prevalent over there would undoubtedly be greatly decreased by a program of dental relief among the orphans and refugees from the recent massacres. The Near East Relief has been doing extensive medical work in Armenia, Syria and Turkey, and had succeeded in making some headway against trachoma and the pitifully common eye diseases. But as yet no satisfactory fight has been waged against defective teeth and their resulting evils. The Near East Relief, after attending to the immediate necessity of feeding, clothing and caring for the refugees, hopes to start dental relief stations as well. In many parts of those countries, dentistry is practiced in an exceedingly primitive fashion by the village barbers, but these barber-dentists usually confine their efforts to pulling teeth rather than trying to save them.

Correspondence

Editor Oral Hygiene:

I read ORAL HYGIENE before any other magazine that I get. Somehow it "fits in" in a manner that no other periodical does.

Yours very truly,
J. P. GREEN, D.D.S.
Thomasville, Ga.

Editor Oral Hygiene:

Your journal is showing up fine—it is most interesting—covers the field—is snappy and bright and has the proper ring.

Very truly,
GEORGE F. BURKE, D.D.S.
Detroit, Mich.

Editor Oral Hygiene:

Please accept my congratulations on the great work you are doing for the dental profession and on your articles published in ORAL HYGIENE. I assure you I enjoy them all very much.

I wish to call attention, however, to a slight error in the article entitled, "Miracle' Cures Made by Dentists at State Sanitarium," in which the statement is made that "Doctor Cotton of New Jersey first proved method."

I believe the credit belongs to the late Doctor Henry H. Upson of Cleveland, whose book "Insomnia and Nerve Strain" was published in 1908 and a number of extracts have been quoted by myself in various articles.

It is barely possible that if some of our doctors in state institu-

tions would read this little book, they might, if not too much imbued with their own importance, at least give the dentist a chance.

Hoping this finds you in the best of health and with kindest regards, I am,

Sincerely,
T. E. CARMODY, D.D.S.
Denver, Colorado.

Editor Oral Hygiene:

The criticisms of Fred J. Starr's articles are to me most interesting. Isn't it odd, Mr. Editor, how the truth still hurts?

In my humble opinion Starr knows what he is talking about and that he has pictured us as others see us is highly commendable.

Kells and Anderson know that this man Starr hit the nail on the head. Why yelp? I know it hurts but why not take the medicine like men and buckle down to the right kind of coöperation, viz., with our colleagues, our dental dealers, and that much maligned public.

The dental profession, East, West, North and South, need the gospel that this man Starr has written and the quicker it is assimilated the better will all feel.

I'm convinced that I am slipping and I'll say I have lots of company and such articles as ORAL HYGIENE has just now put before the profession will do more real good than all the

modern efficiency text ever published.

I am converted to a new policy and the credit goes to ORAL HYGIENE, the publisher of Mr. F. J. Starr's article, "As a Man Thinketh"—So Is He."

Now come on the rest of you fellows, 'fess up and let's all start again for the good of the public, our dental dealers and ourselves.

Sincerely yours,
Paterson, N. J. "EAREM."

The Prodigal's Return

BY PAUL G. WHITE, M.C.D.S., U.S.N.

*Lieut. Comdr., Dental Division, U.S. Naval Training Station,
Hampton Roads, Virginia*

32 teeth

Standing in a line—
Pyorrhea affected them,
Leaving only 9.

9 little teeth,
Lonely as could be—
Abscesses affected them,
Leaving only 3.

3 dirty teeth
Aching night and day—
Along came the Dentist,
And pulled them all away.

The patient got some plates,
The plates refused to chew—
One night he swallowed both the plates
And regained his 32.

Now the man is dead,
His story we have told—
Take this advice, keep your teeth nice
And live till you are old.

Why Be a Saphead?

Sap Hawkins imagines himself to be the "wise guy of his own home town," but Sap's imagination is his chief characteristic. When the school teacher told Sap's father "I can't teach him anything," he thought Sap ripe for wider fields. First, he placed him with the village blacksmith but this connection ended disastrously for Sap at the end of the second day. In desperation the father then arranged for him to read law in the office of a prosperous firm of attorneys at the county seat.

After he had pursued his studies for two full weeks, Sap and a rainbow silk shirt returned to spend Sunday with the folks.

"Well, Sap," asked one of the crowd around the Palace drug store corner, "How do you like the law?"

"Aw, I don't think much of the law," answered the Blackstone of two weeks; "I'm sorry I ever learnt it."

Strange as it may seem, there are many persons who feel the same way about thrift and saving. They may save spasmodically for a couple of weeks and then bob up serenely with: "I don't think much of it. I'm sorry I learnt it." On the other hand, the person who is determined to give the savings habit a fair trial never fails to enthuse as he sees his efforts bring to him those things which make life really worth while.

It is a healthy sign of the times, for it follows as night the day that individual prosperity means national prosperity.

Insofar as the individual is concerned, he never will be too old to *spend* but he may grow too old to *earn*. Never has there been so golden an opportunity to put by a few dollars as now, and it is just plain common sense for those who earn while earning is good to set aside something for a happy and contented old age. The way to provide for those days is to save first and spend afterward, to take a certain amount out of the regular income and invest it where it will be safe and will grow.

For the person with an average income, buying Government Savings securities from your bank or Post Office is an ideal procedure for starting a savings account with Uncle Sam. When you have accumulated \$84 in Savings Stamps, you can exchange it for a Treasury Savings Certificate which will pay you back an even \$100 on January 1, 1925. When you have learned the real joy of saving you never will be sorry that you "learnt it."

EDITORIAL

REA PROCTOR McGEE, M.D., D.D.S., *Editor*

613 Jenkins Bldg., Pittsburgh, Pa.

ORAL HYGIENE does not publish Society Announcements, Personals or Book Reviews. This policy is made necessary by the limited size and wide circulation of the magazine.

School Physiology—A New Chapter

Physiology is the science which treats of the functions of the living organism and its parts.

Physiology, as taught in the public schools, includes elementary anatomy and a little very elementary pathology.

The benefits to public health that are directly traceable to school physiology are very great. In fact, lay opinion upon health subjects has been influenced to a greater degree by the public school physiology than by any other one measure.

This science treats of the functions of the living organism and its parts. One of the greatest parts of the living organism is the mouth.

Do the school physiologies contain the proper teaching upon the mouth?

They do not.

It is time for dentistry to attend to this matter. Every school physiology must have at least one chapter upon the functions and care of the mouth written by an authority upon the mouth.

The Missouri Board of Dental Examiners is working now to have a dental chapter in every school book upon physiology that is used in the schools of that state.

This is a big idea.

The allusions to mouth hygiene that are made by medical or by lay writers in these books are meant well—but they do not meet the requirements. *Something better* must be done.

That *something better* is a chapter in every school physiology, written by a dentist, upon the health, function and care of the mouth.

What is your state doing in this regard?

ORAL HYGIENE proposes to take the matter up at once with the school book publishers—in fact ORAL HYGIENE has already started on this work.

With the help of dentists who are awake to the importance of proper popular instruction—of the physicians who appreciate the vast influence of the mouth and teeth in the causation of disease or in the preservation of health—and with the help of the great laymen's group who desire to have the best instruction possible for the growing child, we expect to put a real chapter upon oral hygiene in every school-text book on physiology in the land.

Here is the big subject for every Oral Hygiene Committee, for every dental society in America to concentrate upon.

There are as many different methods of selecting teeth books as there are states.

In some states the State Superintendent of Public Instruction selects the books—in others the County Superintendents do the job, and in others the local School Board has the control.

Whatever the way the books may be selected, the dentists of the district should see to it that the physiologies in their local schools have in them the *proper* information in regard to the mouth and teeth.

Every school physiology should have at least one chapter devoted to the health and functions of the mouth.

This chapter should tell the general anatomy of the mouth, the arrangement and number of the teeth, the methods of taking care of the teeth, the causes of caries.

Every student should learn that the mouth is the greatest port of entry for disease—that mastication is necessary for digestion.

The fact that nearly all oral disease is preventable and that nearly all dental disease is curable in the early stages should be emphasized.

The danger to general health from loss of the teeth and from focal infection should be taught in order to show further reason why the care of the mouth should be made one of the first habits of life.

Telling the comforts to be gained and the beauty and satisfaction derived from good teeth does not always work—sometimes it is necessary to paint the other picture and tell the miseries that lie in wait for the unwary.

Even a Sunday school can't run on promises of Heaven only—there must be always lurking, in the rear, the fear of the gridiron.

This letter from Dr. V. R. McCue, secretary of the Missouri Dental Board, will show you something of the big idea that is being pushed in Missouri.

Yes—I think it is possible to put it over. Don't you?

It is possible because it is absolutely necessary.

The realization that children must be taught to care for their teeth has brought us to this new step in education.

There are few schools these days that do not have both a dental and medical examination of the children.

Nobody opposes a dental chapter in the school books—all that seems to be lacking is the *proper* chapter and some intensive work.

Let us consider this proposition as it stands.

Practically all the public schools teach elementary physiology.

Nearly all elementary physiologies mention the mouth and teeth.

All publishers wish to keep their books up-to-date and to appeal to the good sense and judgment of the school officials.

No one could object to having the pages devoted to physiology as correct as possible. Only a dentist

Missouri Dental Board



OFFICE OF SECRETARY
CAMERON, MO.

Dear Doctor McGee:

As chairman of the educational committee of our state association am writing you regarding what has been written on oral hygiene that should go into a chapter in physiology which we are preparing.

It is our intention to have the chapter inserted in all of the physiology text books used in the public schools. The State Superintendent has promised to assist us in any way possible. Dr. George Winter suggested that you could give us more assistance than any one else in the country, in telling us what has been written on this subject and also offering suggestions.

We desire to have the chapter printed in pamphlet form so the members of the association can distribute the same which they will be able to secure at actual cost. We realize it is going to be a difficult matter to get the text book houses to insert this chapter. Our towns adopt their own text books. A request has been made before the association that no dentist refuse to become a member of any school board.

Please write us frankly your opinion in this matter and if you think it possible to put it over. Thanking you in advance, I am,

Yours very truly,

V. R. McCUE, D.D.S.,
Secretary.

Cameron, Mo.

could prepare a correct statement upon the teeth and mouth.

Every school book must be revised. Therefore get the authoritative dental chapter ready and see to it that part or all is incorporated in the next revision

If you don't get what you want the first time just stick to it. That is the way physiology was originally introduced.

And what we desire is simply a development—not a revolution.

Christmas Seals

The Committee that has charge of the Christmas seals for the Relief Fund of the National Dental Association should have the hearty support of every dentist in America.

Buy these seals and stick them on your packages and letters.

The money goes to a worthy cause.

Our Tenth Anniversary

On January 1, 1921, ORAL HYGIENE will be ten years of age.

Ten years of consistent effort for the best interests of dentistry!

Who would have thought—ten years ago—that a journal devoted to oral hygiene could find enough material for its pages for so these many years!

The files of this journal contain more information upon oral hygiene as a science and as a study than can be found anywhere else in the world.

We feel that there is a long future before the journal—as long a future as there is before dentistry.

We hope that you not only will continue to read ORAL HYGIENE but that you will enjoy it and that it will do you good. It would be too much to expect to please

everybody always—but if you are pleased most of the time and not seriously offended the rest of the time, we will strike a good average.

The big outstanding feature of ORAL HYGIENE is that it has no strings tied to it.

ORAL HYGIENE is as independent as were Adam and Eve in the Garden of Eden before the leaves came out.

The editor is the sole censor of its pages.

One of the most frequent wails that we hear is over the alleged fact that our literature is largely controlled by "commercial" or "trade" journals—the inference being that because the business end is handled by business men, that the reading pages are supervised in the same way.

Personally I believe that there is very little such supervision, if any, of our dental journals, but I know for a fact that the editor of ORAL HYGIENE listens only to the voice of Uncle Sam as to what can go through the mails and to the advice of his lawyer upon what is subject to court action.

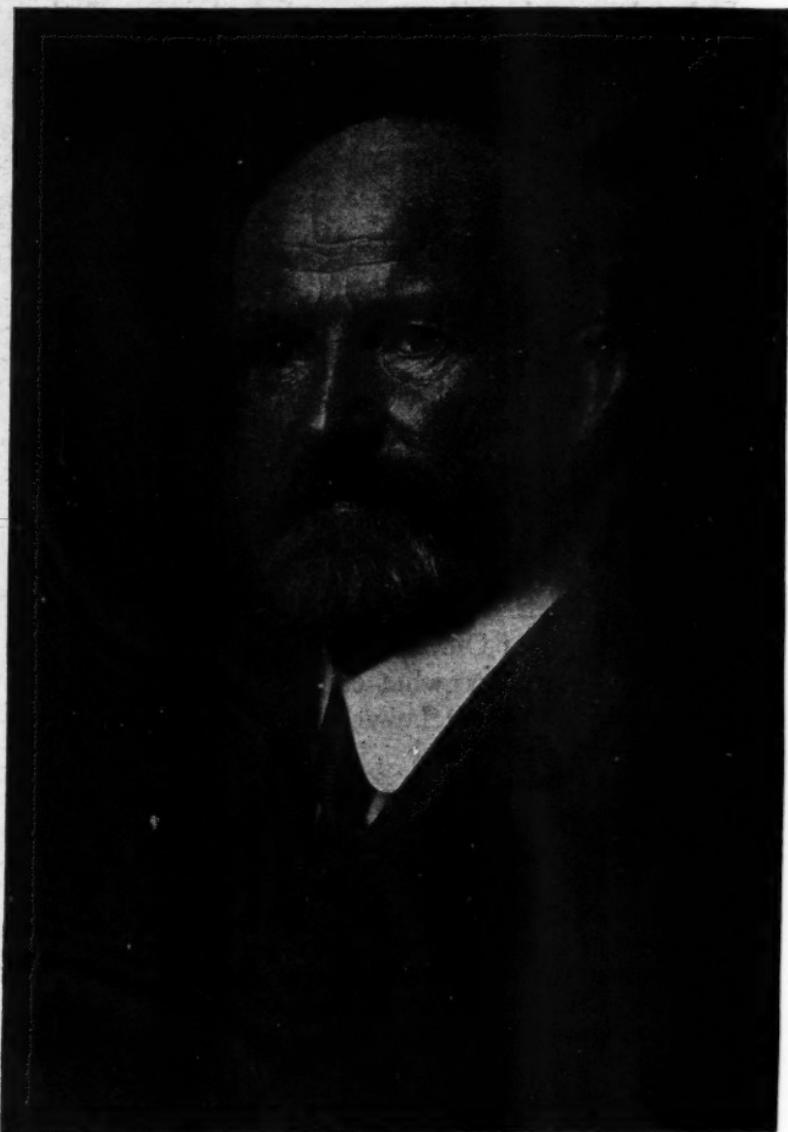
So here is to you for having stood for us for ten years and here is to us for having stood for you for ten years.

And here is to all of us—may we always stand together!

Dr. Alfred Gysi

The simplicity of a great man is always a happy surprise. Wherever dentistry is known—and that seems to be most everywhere this side of Mars—the name of Gysi is as well known as "Jones," but with this exception: *there is only one Gysi.*

High up among the mountains of Switzerland, where the peaks rise like gigantic mandibular teeth, he has dreamed the dream of proper occlusion—and in addition to being a great dreamer he has worked out the most wonderful practical system that has ever been known.



Dr. Gysi

Dr. Gysi has a most happy disposition. If you wish to talk prosthesis he will go into the most intricate details with you. If you wish to discuss world politics he is happy to give you the inside facts.

If you wish to exercise your French, German, Italian, or English, he is equally at home in any of them.

Dr. Gysi has done a very wonderful work already but he says that he has only started to solve the mysteries that lie ahead in the valley of occlusion.

ORAL HYGIENE hopes that, in the years to come, he may find the same contentment in his work that he has found in the past.

And that, as he smokes his long Swiss pipe, in periods of relaxation, he may dream more dreams that will come true—and make it possible to give to the edentulous the maximum of efficiency and comfort.

Vienna

The American Relief Committee for sufferers in Austria is passing out a lot of "sob stuff" about the terrible condition of the people of Vienna, calling upon professional brotherhood for assistance—cash of course—to mitigate their troubles. They say:

"Vienna is today battling for its very existence. The gay crowds of well-dressed people and elegant equipages which once thronged the magnificent Ring and lovely Prater have long since vanished. The fine trees of the Wiener Wald have become the victims of the woodchopper.

"A recent dispatch to the *Musical Courier* says: 'Vienna is the saddest city in the world. If one is soft-hearted, it is difficult to repress the tears as one wanders through its once brilliant streets. While one stops to greet a friend, three beggars or more appeal to one's charity. And such beggars! Ragged and haggard, emaciated, yellow creatures that once knew joy! As one rides through the streets poor mothers with thin, paper-skinned babies look at one from the curb. Hands stretch out from everywhere.'"

This is all very different from the Vienna that prospered upon the kindness of the world. The Vienna that destroyed her benefactor, Poland, and reduced twenty-one other nationals to slavery. The Vienna that thirsted for

blood and, refusing to listen to the pleadings of the civilized nations, plunged the world into war. The Vienna that ravaged, pillaged, slaughtered and burned her little neighbor, Serbia, at her very threshold.

Vienna has brought her own suffering upon her head. She has not felt the harsh hand of invading armies that she and her allies inflicted upon the territories of her former friends.

Let charity begin at home. Remember the seventy-four thousand Americans who didn't come back.

**Where Disaster Strikes
The Red Cross Is There**



**Last year in the U.S. the
Red Cross aided more than
30,000 victims of flood,
fire, tornado or other
unavoidable disaster.**

**You are called to do
your part by renewing
your Membership**

Starting Something

Young Mrs. Astor and her friends giving prizes to children with the best teeth instead of giving prizes for general prettiness, have started something worth while. The usual plan has given the prize to the fattest baby with the nicest looking ribbons in its hair, and often with the expression containing the utmost vacuity.

Prizes for good teeth, the tools that make the blood that feeds the brain, thus interesting parents in the teeth of their children, is an intelligent innovation. Later, probably, prizes will be given for psychological tests to show how the brain and nerves of the child work together and, possibly later still, other prizes for general symmetry, and balance of the skull.

—Arthur Brisbane, in *The Pittsburgh Press*.

Laffodontia

If you have a story that appeals to you as funny, send it in to the editor. He *may* print it—but he won't send it back!

"Ould Mary Donohue," the seller of eggs and milk, became "Mrs. Donohue" when she inherited her uncle's money and went to Dublin to live like "the gentry." One day a lawyer's clerk, an English youth, called to obtain her signature to some papers.

"Just ye sign thim yersel, young man, an Oi'll make me mark," said the good dame promptly. "Since me eyes got so bad Oi've not been able to wroite a wurd."

"And—and how do you spell your name?" asked the clerk shyly.

"Shure, just whatever way ye fancies," replied Mrs. Donohue blandly. "Since Oi lost me teeth, shure it's not a single blessed word Oi can shpell!"

There was a commotion in the rear of the theater, and the usher was seen ejecting a man. The man was spluttering angrily when the manager of the theater came into the lobby.

"Why did you eject this man?" asked the manager.

"He was hissing the performance," replied the usher.

"Why did you hiss the performance?" asked the manager.

"I d-d-d-didn't h-h-h-hiss," spluttered the man. "I m-m-m-merely s-s-s-said t-t-to m-m-m-y f-f-f-friend beside me: 'S-S-S-S-Sammy, is-s-s-s-n't the s-s-s-s-s-singing s-s-s-s-s-s-superb!'"

Mrs. Brown ordered some fur coats sent up on approval on Saturday, and returned them on Monday morning with the message, "None were suitable."

The next day she received a courteous communication from the head of the fur department returning her prayer-book which had been found in the pocket of one of the coats.

"Henry, I think you were absolutely wrong about that furniture."

"Yes, dear."

"And also about the shade of wall paper we want."

"Certainly."

"Henry Jones! If you aren't going to be sociable, I'm going to bed!"

"I understand you have told your wife to throw the ouija board into the woodbox."

"Yes, I'm not going to have any such superstitious nonsense deciding questions around my house. When I come to a point where I can't make up my mind what to do, I simply flip a coin."

Dear Doctor.—Your bill received and I fail to see where I owe you two dollars. You simply wrote a prescription which I never had filled and which I am enclosing. Hastily.